EDITORIAL COMMENT†

SCHOOL HEALTH PROGRAMS AND THE MEDICAL PROFESSION*

For the most part, practitioners of medicine and surgery and their specialties have failed to recognize the significance and importance of health programs as being developed in the public schools of this country. School health programs, to a great extent, are associated in the physician's mind with a wish-wash, half-hearted attempt upon the part of school teachers to teach a few health rules such as cleanliness, posture, brushing teeth, etc.

Following are some reasons for this concept:

School health work began many years ago, with few exceptions, as a part of physical education with poorly developed programs. Some less progressive schools continued to have relatively poor programs. Few physicians contact the work directly, because it is carried on within the school department by one or more selected individuals. Physicians, by and large, are incredibly "too busy" to give thought to school health work. An occasional physician feels the school health program is attempting to replace him in his profession in the community. Many physicians are so completely absorbed in their profession, and admirably so, that they are disinclined to find time to contribute to public affairs. School health programs have not been brought to the attention of physicians properly or effectively.

Following is a brief résumé of the functions of a typical school health program:

1. Sanitation. The sanitation of our school children's physical environment, including buildings, grounds, and equipment, is important. Proper sanitary conditions in the schools not only protect the health of the pupils during their school life, but carry over educationally into adult life.

2. Health Service. First aid, health inspections by physicians and nurses, health notices, nurse follow-ups, getting the pupil into the hands of the family physician, communicable disease control, attendance problems, readmission after illness, immunization, skin testing for tuberculosis, nutrition programs, competitive athletic examinations, etc., form the bulk of health service in the schools. Communities differ individually as to methods used in promoting school health service.

3. Health Education. Health education is the most important part of the school health program. It is the fundamental responsibility of the school. It is the very basis of progress in the utilization of the discoveries of medical science to aid mankind. The family physician has difficulty in gaining coöperation with an unintelligent patient. The Public Health Department's efforts to control social and communicable diseases, to promote sanitation and preserve community health, are frequently made ineffective by widespread ignorance of the fundamentals of health.

Health education for the masses is developing rapidly through the public schools. Through contacts in the schools of the activities listed under the heading "Health Service," all children, rich and poor, are taught fundamentals of health. Some schools have health teachers specially trained in the field of health information. Many authentic health texts are available for reference work in the schools. The more progressive schools have appropriate health informational materials integrated with all courses of study of the curriculum. Health education is also being taught through special projects and activities of many kinds familiar only to the educator.

The school health program, as a whole, is coming to be an important influence in many communities. It is developing rapidly. It needs guidance and support. It is challenging the attention of the American physician.

How are physicians going to react to this great social and professional influence? The physician pays taxes that support the schools, his own children attend the schools, his work in the field of medicine is affected in some way by it. Is he going to be "too busy" to be interested? Is it not the type of health information taught in the public schools of any importance to him? Will he continue to be "too busy" to help guide and control, or at least be cognizant of one of the greatest influences on his profession in America?

School authorities will welcome suggestions and advice of physicians of good standing in the community. What group could a school department turn to for advice and consideration of its health problems that is better prepared than the physicians themselves? One of the greatest responsibilities of the medical society and the Public Health Department of every community is to give support and guidance to the school administration in the carrying out of a well-organized and adapted school health program.

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† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

* From the office of the Director Health Education, San Diego City Schools.

ADRENALIN CHLORID IN 1:100 STRENGTH IN OPHTHALMOLOGY

John Green,[1] in 1930, first reported upon the use, in fifteen cases, of a solution of adrenalin chlorid, 1:100, in the form of drops in the conjunctival sac. This concentrated solution, which had been supplied him for experimental purposes, was not again used in ophthalmology to the best of our knowledge since that time, and we have found no further mention of it in the literature until June, 1935, when Graeser and Rowe[2] reported at the meeting of the Association for the Study of Allergy, at Atlantic City, on a new

1 Green, John: Two Per Cent Epinephrin Solutions as Substitutes for Laevo-Glaucosan, Arch. Ophth., 5:350 (March), 1931.

2 Graeser, James B., and Rowe, Albert H.: The Inhalation of Epinephrin for the Relief of Asthmatic Symptoms, J. Allergy, 6:415 (July), 1935.

method of administering adrenalin chlorid for prompt relief of certain allergic conditions. They found that a 1:100 solution was frequently effective in the relief of bronchial paroxysm. In August, 1935, adrenalin chlorid solution 1:100 was first supplied to the medical profession to be used in the mouth only, for inhalation by means of a glass nebulizer.

It occurred to us that this same adrenalin chlorid preparation could be used as drops in the conjunctival sac; and since December, 1935, we have thus employed it in over one hundred cases with most satisfactory results.

We have found it to be a very effective therapeutic agent in iritis and in glaucoma secondary to uveitis. In has been our impression that exudation was markedly relieved by constriction of the vessels of the iris, and that as a result of this the formation of pupillary membranes, posterior adhesions and blocking of the filtration angle by exudate, with consequent secondary glaucoma, were prevented and relieved.

In our experience adrenalin 1:100 substitutes well for, and from many points of view is preferable to, the present and past methods of applying suprarenin products in ophthalmology, such as by subconjunctival injections[3] or the placing of wicks[4] of cotton saturated with a solution of adrenalin chlorid 1:1000, or by the use of concentrated solutions of synthetic epinephrin products, glaucosan[5] and suprarenin bitartrate.[6] Its further uses and advantages will be reported at a later date in the ophthalmologic journals.

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[3] Erdmann: Subconjunctival Injections of Suprarenin Preparations, Klin Monatsbl. f. Augenh., 52:520, 1913.

[4] Gradle, H. S.: The Use of Epinephrin in Ocular Hypertension, J. A. M. A., 84:675 (Feb. 28), 1925.

[5] Hamburger, C.: Ersatzpräparate für Adrenalin und ihre Bedeutung für die Glaukombehandlung, Med. Klin., Vol. 21, Part 2, pp. 1495-1498, 1925.

[6] Funk, C., Dubin, H. E., and Freedman, L.: J. Am. Pharm. A., 12:952, 1923.

Syphilis Is Preventable.—Syphilis is a disease of civilization and flourishes particularly in communities where there is a massing of individuals. Under such conditions, the opportunities for its spread are very much greater. It depends more upon faulty social conditions than almost any other communicable disease. While prostitution is a tremendous factor in spreading the infection, a very large number of cases are contracted outside of prostitution. It causes more mental and physical suffering than any other known disease. It is preventable and at the present time may be considered as curable. Yet it is doubtful that any other disease can compare with it in the intensity and severity of its onslaughts. Its control is greatly hampered by the attitude of the general public which too often attaches a social stigma to it. Syphilis should be regarded the same as any other infectious disease. The mere fact that it is often venereal in its origin should not hamper its control. Gradually, however, the old idea that it is punishment for sin has become dispelled. Fortunately, a new trend of public opinion can be observed. This has to do with enlightenment, the spreading of knowledge relative to the cause, effects, prevention, and treatment, all of which must be closely bound together in any program for the control of the disease.

ORIGINAL ARTICLES

CLINICAL PATHOLOGICAL CONFERENCE*

PROCEEDINGS: CORONADO ANNUAL SESSION

Foreword by President Robert A. Peers.—This morning you will notice, from the announcements which have been handed you, that we are departing from the ordinary type of program, and I think it is going to prove excellent. We have with us as an invited guest a man whom many of you know personally, and most of you know by reputation. He is Professor of Medicine at McGill University in Montreal, formerly assistant resident physician at Hopkins under the late Sir William Osler, and also later a Professor of Medicine at the University of Iowa. I feel particularly happy in introducing this speaker because, as perhaps many of you know, I am an ex-Canadian myself. It is a great pleasure to present to you this man from my former homeland, a member of a great race, a representative of a great friendly neighboring country, and a colleague from a great medical school. Ladies and gentlemen, Dr. Campbell P. Howard, Professor of Medicine at McGill University, Montreal, who will take charge of the Clinical-Pathological Conference on this morning's program. Doctor Howard.

REMARKS BY DR. CAMPBELL P. HOWARD

DOCTOR HOWARD: Doctor Peers, I hardly need to say how much I appreciate your kind reference to our sympathy in our homeland. When your Program Committee decided on this adventure, and thought of the Clinical-Pathological Conference, they had to look around for the best-natured clinician available, and someone on the committee knew that I was speaking on the day before and said, "Probably that old fellow, Howard, won't mind holding it." You have to be good-natured to hold a clinical-pathological conference, because what little pride has been left you by previous mistakes is lost at the first autopsy, as you will see presently. I have grown so accustomed to it that I no longer mind and really get as much "kick" as a pathologist does at being wrong. The only thing that I still feel it is my duty to do is to do my best, and after taking or reading a carefully prepared history, both family and personal, and of present illness, having made a complete physical examination, applied all the simple laboratory tests, and called upon my assistants in some of the more elaborate ones, I feel that I am entitled to say that I have done the best that I can. Adding up, then, the results, I feel permitted, as a rule, to come to some pretty definite conclusions. I was taught that it is my duty, or your duty, having done all those things, not to have the point of view that the case should be explored by a friendly or unfriendly surgeon, or a diagnosis made by a friendly or unfriendly pathologist. I do not think

* The Clinical Pathological Conference was held on Tuesday morning, May 26, 1936, at the sixty-fifth annual session of the California Medical Association, May 25 to 28, 1936.

Led by the late Campbell P. Howard, M. D., whose death occurred in Santa Monica, California, on June 3, 1936. (CALIFORNIA AND WESTERN MEDICINE, July, 1936, pages 4 and 102.)